

# Migrants and HIV stigma: findings from the Stigma Index Study (UK)

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## Aims

This paper uses a subsample of data from the International Stigma Index Study (2009) to investigate the experiences of migrants living with HIV in the UK.

## Methodology

- The study used data collected as part of the International Stigma Index Study in 2009. 867 people living with HIV in the UK took part, but the study focused on those who identified as 'migrants' (N: 276).
  - Data was collected through self-completed questionnaires and focus group discussions. Participants were recruited through a number of UK HIV support organisations.
- 276 people living with HIV in the UK who identified as 'migrants' were included in the study, with half reporting living in London and the other half living in major cities including Manchester, Leeds, Glasgow, Edinburgh and Newcastle.
- Of the 276 subsample of 'migrants' living with HIV, 195 were women, and 81 were men; all the women, and 74 men identified as heterosexual; over a 1/3 of participants were in the 40 – 49 age group, followed by the 30-39 and over 50 age groups.

The survey did not ask respondents to declare their country of origin or how long they have lived in the UK.

## Key issues

This paper adds to existing bodies of research into the experiences of people living with HIV in the UK and the impact of stigma on their lives. The paper focuses on the specific experiences of people living with HIV who consider themselves migrants in the UK.

The paper concludes that migrants living with HIV in the UK experience multiple and intersecting difficulties in navigating care and social life. Respondents reported much higher levels of unemployment than the general population (79% for women and 69% for men) whilst poverty, including limited access to money, was reported by 22% of participants. Socioeconomic difficulties were present for a significant proportion of migrants living with HIV.

Respondents also reported that having control over their information about their HIV status was critical, however 10% of respondents reported that disclosure about their HIV status had happened without their consent. Over a third of men (41%) and women (37%) had experienced at least one incident of peer pressure from people living with HIV to disclose their HIV status. Those percentages rise to 43% and 47% respectively when asked if the pressure came from other individuals who were not living with HIV, including family members and social workers.

A large proportion of participants reported “felt stigma”, with 59% of men and 48% of women indicating that they felt guilty living with HIV. Almost three quarters of the sample also feared that they could be the subject of gossip, and most participants feared verbal abuse, harassment or threats due to their HIV diagnosis. Men were more likely to fear physical abuse than women.

Over a fifth of men and women responding to the survey reported that their rights as a person living with HIV had been abused, such as being denied healthcare (men – 22%; women – 21%) or denied life insurance (12%). Knowledge about legal frameworks that protected their rights were limited.

## Conclusion

Although there are significant legal frameworks that protect the rights of people living with HIV, stigma and discrimination faced by ‘migrants’ living with HIV makes it more difficult for them to exercise their rights. This is compounded by a range of social, economic and political vulnerabilities that place some migrant groups at risk of poorer health, such as poverty and unemployment. Experiences of ‘felt stigma’, compounded by discrimination, leave many ‘migrants’ living with HIV facing significant barriers to life in the UK.

## Recommendations

- Efforts to fight stigma must recognise the social determinates of health – such as the wider social and political factors that impact on health and wellbeing;
  - Efforts to fight stigma among migrants should be collaborative and multifaceted;
- Efforts to fight stigma must also seek to increase mentoring opportunities amongst migrant communities living with HIV;
- HIV awareness campaigns must extend beyond the historically ‘high-risk’ groups such as gay men and African communities.

Web Link

<https://onlinelibrary.wiley.com/doi/abs/10.1111/hsc.12179>

Migrant Group

Non-EU migrants

Refugees

Topic

Access to healthcare

Community and society

Destitution

Health

HIV / AIDS  
Mental health  
Sexual health  
Place  
UK - inc. Yorkshire & Humber element  
Year  
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